



Companion Cat Rescue & Rehabilitation (CCRR) Program

An initiative of Feral Cat Rescue Research, 672 Old Mill Rd #179, Millersville, MD 21108 www.companioncatrescue.org
Helping feral and friendly cats find forever homes and lead healthier lives.



Foster Care Application

Thank you for expressing interest in volunteering to help our Rescue by fostering some of our cat(s)/kitten(s).

Applicant Details & Questionnaire

Name: _____

Phone #(s): _____ Are these cell phones that can receive texts? Yes No

Email: _____ Other Contact Info: _____

Address: _____

How long have you been at your current address? _____

Own? _____ Rent? _____ House? _____ Apt/Condo? _____

Is this the same address on your Driver's License? Yes No

If you rent, you will be required to demonstrate that the property allows pets. Please provide the landlord's name and phone number: _____

How many adults are in your household? _____ Children? _____ Ages? _____

Do any members of your household have allergies to animals? Yes No

If yes, please explain: _____

Employer: _____ Occupation: _____

Have you ever fostered a pet from a rescue/animal control agency? Yes No

Have you ever had an application for fostering a pet be rejected from a rescue or animal control agency? Yes No
If yes, please explain: _____

What is your vet's name and contact info? _____

What pets do you currently have in your household?

Type	Age	Spayed/Neutered	Up to Date on vaccines?	Where Kept	Length of time owned
_____	_____	Yes / No	Yes / No	_____	_____
_____	_____	Yes / No	Yes / No	_____	_____
_____	_____	Yes / No	Yes / No	_____	_____
_____	_____	Yes / No	Yes / No	_____	_____

Have your cats ever been tested for Feline Leukemia (FeLV) and Feline Aids (FIV)? Yes / No / N/A

Have any of your cats tested positive for FeLV or FIV? Yes / No

If yes, please explain: _____

What area in your home is available for fostering? (bathroom, bedroom, bonus room, combination, etc.): _____

Will your foster care cats be kept in a separate location as your own pets? Yes No N/A

How many hours a day will your foster cat(s)/kitten(s) spend alone? _____

I pledge that all the above information is true and complete. Further, I give the adoption agency permission to contact my landlord and my veterinarian, as appropriate.

Printed Name: _____

Signature: _____ Date: _____

The Rescue Representative must initial to indicate the phone number and address have been verified: _____